

Developing and showcasing FHSCE Strategy for involving Experts by Experience in Teaching, Learning and Research

**Final Report
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1 Introduction

In the Faculty of Health, Social Care and Education (FHSCE), people with direct experience of using services are sometimes referred to as Experts by Experience (EbE) and this includes people who use or care for people using health and social care services, as well as practitioners and students in educational settings. Recently, there has been a political push to involve EbE in the teaching and research conducted in higher education institutes in order to strengthen the learning and development of future practitioners and in turn improve services for the future. This was enshrined by the Department of Health in 2002, and again in 2010 when the White Paper put forward a vision for the NHS that requires the involvement of service users as partners in all aspects of practice – including education and training - in order to put patients at the heart of everything it does and continuously improve those things that really matter to patients (DOH, 2002; 2010). In line with this, the Health and Care Professions Council (HCPC) has placed a renewed emphasis on the need for education providers to demonstrate service user and carer involvement in teaching and research to gain approval (HCPC, 2014). Despite these advancements, higher education institutes are largely left to their own devices in implementing the involvement of EbE in their activities, and there is little in the way of guidance, framework or strategy to facilitate effective and meaningful involvement of EbE in teaching, learning and research (McCutcheon and Gormley, 2014).

1.1 Background to the project

In light of the above, a cross-departmental workshop to share good practice and identify challenges in developing and delivering EbE work took place in October 2015. This workshop highlighted that as well as the excellent work going on in the Faculty, a number of challenges exist, which need to be addressed by ensuring that we have a coherent strategy embedded across the Faculty and that effective support is in place for EbE, staff and students.

This project was designed to address this practical need as well as offer the potential to develop useful networks and material for REF style publications and impact. The guiding research question for this project was: ***What is currently happening in FHSCE and what needs to happen to improve the participation of EbE in teaching, learning, assessment and research, from the perspective of staff members and service user groups?*** Ethical approval was granted by the Education and Social Care Department Research Ethics Panel (DREP) in FHSCE.

1.2 Project stages

This project had five main stages informed by the principles of Action Research.

Reason and Bradbury (2001:1) define Action Research as:

“...a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes”.

The five stages

Stage one: Establish the Advisory Group.

Stage two: Scoping review, focus groups with staff and EbE and analysis.

Stage three: Findings to be presented to the Advisory Group and Heads of Department to establish the parameters and broad areas of the faculty strategy.

Stage four: The draft Faculty Strategy to be presented to the Faculty Management Team (FMT) for further input and agreement on a plan of implementation and evaluation.

Stage five: The new EbE Faculty Strategy to be showcased at a celebration event attended by staff, EbE and a small number of external stakeholders.

1.3 Structure of the report

The remainder of this report describes and presents evidence to the various ways the project stages have been implemented. In section two, the establishment of the Advisory Group is briefly discussed. In section three, key findings from the scoping review are presented. We also present the findings from the data collection and analysis stages. Sections four, five and six discuss the development of the Strategy and finally in the last section, the FHSCE Strategy for involving Experts by Experience in Teaching, Learning and Research is presented.

2 Stage one: Establish the Advisory Group

Initially, the project planned to establish both an Advisory Group of staff with lead strategic responsibility for various areas of EbE work (nursing/midwifery/education/social work) to guide and shape the process, as well as a Learning Action Group of champions from each Department to work alongside this process and be responsible for taking the work forward in the future. It became clear that the majority of champions who would likely form part of the Learning Action Group would also form part of the Advisory Group, so it was decided that these groups should be merged to avoid duplication. It was also decided that membership of the Advisory Group should include representatives from EbE themselves to ensure active involvement in developing the Strategy from the outset.

Advisory Group activities took place in the following ways:

1. Advisory Group staff members were identified and approached by the Principal Investigator (PI) and invited to participate in the project.

2. Two teaching staff members were seconded onto the project as part of the Research Team.
3. Two Experts by Experience (one from Chelmsford and one from Cambridge) were invited to join the Advisory Group.
4. A number of meetings took place between the Advisory Group and the Research Team to discuss the aims of the project and future direction.
5. Meetings also took place among the Research Team to write the guiding questions for the workshops with both staff and EbE, and organise the logistics of the workshops.
6. Updates were sent via email to the Advisory Group on the progress of the project.
7. The research findings were presented to the Advisory Group and decisions were made together on the parameters for the Draft Faculty Strategy.
8. The Advisory Group were invited to attend the FHSCE Strategy for involving Experts by Experience in Teaching, Learning and Research Showcase event.

3 Stage two: Scoping review, data collection and analysis

3.1 Scoping review

The scoping review focusses on what is currently happening elsewhere and here in terms of involving EbE in higher education, including various approaches, benefits and challenges, examples of strategies and frameworks, and our work at Anglia Ruskin University (please see appendix 1 for the full scoping review).

The review highlights the plethora of ways EbE are involved in programme design, teaching and delivery, selection and assessment, and research at Higher Education Institutions (HEIs). It provides examples in all of these areas, as well as examples of involving specific groups of EbE, such as those with intellectual disabilities or looked after children, and the use of particularly innovative approaches, such as online involvement and inter-professional World Cafés. The literature focuses on the substantial benefits of involving EbE in higher education not only for the students, but also for the EbE, academic staff, the HEI and wider society; ultimately involvement is an empowering experience for EbE and can facilitate transformative learning for students, which is taken forward into practice and can therefore influence progressive social change. However, a number of challenges were also evident in the literature, including the need for effective preparation and support, issues of power imbalances and the inclusion of marginalised groups, and the risk of tokenism rather than a true collaborative partnership with EbE. In response to this literature, the review emphasises the need for comprehensive strategies and frameworks for involving EbE in higher education, and provides an insight into some of the approaches used in HEIs across the UK. Finally, the review considers the mission and values of Anglia Ruskin University, and details examples of

good practice with regards to involving EbE in the Mental Health and Social Work Departments in FHSCE. It concludes that EbE involvement can enhance the teaching, learning and research in higher education, but it requires support, endorsement and leadership across the university to be effective. Developing a Faculty Strategy is a step in the right direction towards achieving these goals.

3.2 Data collection with staff and EbE

In order to identify the existing ways EbE in FHSCE are involved in teaching, learning and research, we adopted a form of Participatory Research methodology known as Action Research (AR). Conventional research approaches which predominantly focus on doing research 'on' rather than 'with' people would not have been suitable for this project. Participatory research on the other hand focuses "*on a process of sequential reflection and action, earned out with and by local people rather than on them*" (Cornwall and Jewkes, 1995). The underpinnings of the project therefore was to work collaboratively with all staff and EbE in the Faculty to generate knowledge and implement change together. To that end, all staff and EbE were invited to take part. Two current EbEs (Jez and Nat) were also invited to join the Advisory Group to discuss research findings and participate in the development of the Strategy.

Data collection was conducted by the PI, the two seconded teaching staff members, the Service User Researcher and a member of the South Essex Service Users Research Group (SE-SURG) team. Two Research Assistants were invited to join the Research Team as the project provided a professional development opportunity for new Early Career Researchers (ECRs). The Research Assistants contributed to data collection and supported the analysis process and development of the Faculty Strategy. Data collection activities included focus groups and an online questionnaire.

- Seven focus groups took place with academic staff across the three campuses of Chelmsford, Cambridge and Peterborough (N=40 participants).
- Three focus groups took place with EbE themselves in Chelmsford (2) and Cambridge (1) (N=16 participants).
- A SurveyMonkey questionnaire was distributed to all staff in the Faculty in order to capture the views of those unable to attend a focus group (N=17 participants).
- As part of the focus group activities, the Axis Model of Participation (O'Brien, 2016) was used to explore perceived levels of involvement by participants.

3.3 Data analysis

Once the data were collated, the Research Team met to analyse it. This process involved the whole team and included dialogical exchanges about the available data. We followed a process of thematic analysis, and decisions about the analysis were made by the team together. The focus of the analysis was primarily, but not exclusively, on successes, opportunities and challenges for involving EbE in teaching, learning and research within FHSCE. After a number of analysis sessions, the emerging findings were then written up and distributed around the Research Team for validation.

3.4 Findings

The findings reflect the successes, opportunities and challenges associated with involving EbE in our teaching, learning and research in FHSCE and fall under the following headings:

- Accessing EbE
- EbE activities
- What is working
- The value of EbE involvement
- Training and support to EbE and staff
- Challenges and barriers

3.4.1 Access to EbE

Academic staff reported that access to EbE is fragmented. Some staff members described how they access EbE through the holders of the two databases in the Faculty, while others identified personal contacts (those they have previously worked with) or access EbE through existing service user groups in hospitals and partnership trusts. However, many staff members informed us that they, or their colleagues, do not know how to access EbE at all.

3.4.2 EbE activities

Academics and EbE themselves identified many opportunities for involvement in teaching and learning across the Faculty. These included: Assessing Readiness for Direct Practice (social work), admissions (social work, nursing), assessment (social work, nursing), presenting personal stories and narratives to students, The Buddy Scheme (mental health nursing), commenting on the new Nursing Curriculum, observing and providing feedback on student presentations (social work, nursing). For the most part, EbE are met before they deliver or contribute to an activity at FHSCE to ensure they are aware of what is expected of them, as well as being debriefed afterwards. However both groups suggested opportunities for further

involvement need to be provided in the form of curriculum and course development and participation in team meetings in order to promote a sense of inclusivity for EbE in the Faculty.

For research, involvement of EbE was dependent on the research that is taking place at any one time as well as the methodologies supported by academic staff. It was stated that research projects are not always 'participatory', where EbE are involved all the way through the process, but that they can also be 'participative', where EbE are involved at different stages of the project. There is also some 'arms-length' involvement in research such as training specific groups and providing support when the groups need research/academic input.

3.4.3 What is working

Involving EbE in our teaching, learning and research has provided numerous benefits to staff, students and EbE. These have been identified as:

- A real world perspective for both staff and students
- A rise in confidence levels for EbE
- A promotion of empathy towards EbE in the admissions process
- Reminding our students that they are in a humble position in terms of their profession
- EbE involvement adds to the ethical credibility of a research project
- EbE are given full respect by students and staff members
- EbE value the feedback from students and feel they are making a difference to their understanding of societal issues such as mental health or disability

3.4.4 The value of EbE involvement

The overall consensus is that involving EbE in our work is considered very valuable and it is having a positive impact on the student experience. In addition, it reminds staff about current practice issues. However there is a need for improvement and uniformity going forward:

- There is a need to establish or revive a 'code of conduct' around involving EbE in our work. The details of which could include:
 - A statement outlining what is expected of staff members, students and EbE signed by all parties. This statement would show all parties what is expected of them in terms of mutual respect, behaviour and sensitive questioning in the classroom, amongst other things.
 - A risk assessment is a possibility before each module and/or research project to ameliorate any foreseeable difficulties.
 - EbE have expressed the need for recognition for the contribution they make to student learning. This could be given in the form of:

- A thank you letter on headed paper
- A certificate outlining their contribution to a module/course/research project
- Invitation to graduation
- A staff card showing who they are and recognising them as part of the Faculty
- Payment to EbE has been highlighted in many of the transcripts. Problems have arisen because there is no set fee for EbE involvement and there is much confusion about what a flat fee should be and whether travel should be paid as an extra or included in the fee. Furthermore, some EbE are unaware of how payment might impact their benefits.

3.4.5 Training and support to EbE and staff

Staff and EbE acknowledged the lack of training and support available to EbE in the Faculty. Training around aspects of teaching and learning is minimal and is dependent on what EbE are being asked to do. Indeed, some EbE reported in the focus groups that they have learned from each other rather than receiving formal training. For research, the training provided to EbE is usually project specific.

HR training could be appropriate to EbE, particularly diversity training and the induction training (online welcome to ARU training, although it has been acknowledged that not all EbE will have access to a computer). Furthermore, specific training around equality issues, public speaking and/or conducting interviews should be made available to EbE so they are aware that support is there if it is required.

Staff have also highlighted that they too require training on involving EbE. Some academics describe the work as being 'labour intensive' and support is required specifically around:

- How to handle difficult questioning in the classroom and support EbE with these situations
- How to manage problematic situations with some EbE in the admissions process

3.4.6 The challenges and barriers

All academics involved in the focus groups expressed a desire to further develop the work with EbE in the Faculty. However in order to progress the work, a number of challenges and barriers were identified that need to be addressed:

- Time and financial resources have been identified by teaching and research staff members as an obstacle to conducting EbE work with integrity. For example, some

research projects are complex and sensitive and there is not enough infrastructure and support for both staff members and EbE.

- In some areas of FHSCE work, participating staff members reported that some colleagues are reluctant to involve EbE and are unsure of the contribution they bring to the process. In addition some EbE are not always sure what is expected of them.
- There is a need to clarify the support being provided to EbE in FHSCE. For example, some personal experiences shared by EbE with students as part of their learning can be difficult and support is often required afterwards. Clarity around who is responsible for providing this support is needed. This is similar for students who might become upset as a result of a story shared by EbE.
- There is a need to widen the net of EbE, to address different learning objectives and ensure that current EbE are not stretched or burdened with the amount of involvement they are being asked to engage in.

3.4.7 Axis Model of Participation findings

The Axis Model of Participation was used to assess how levels of involvement in teaching, learning and research were perceived by both academics and EbE. This model derives from the principle that participation and involvement are already happening in an organisation and the levels of participation and involvement are governed by what is possible both institutionally and culturally (Moules and O'Brien, 2012).

For this project, the model recognises that the balance of power with regard to *decision-making, control and direction, generation of ideas* and *knowledge* in our teaching, learning and research, can rest with either the academics at one end of a continuum, or the EbE at the other end, **or** this power can be shared between the two. For example, in a teaching session where an EbE has been invited to speak to students, the academic might have the view that with regards to this particular session, the EbE has the *knowledge* due to their lived experience. The academic might then perceive that they themselves hold the power with regards to how the session is *directed* and the *decisions made* about the session but that the *ideas* for how the session is run is shared between the EbE and the academic. The EbE on the other hand could interpret the situation in the same way or their view could be completely different. The same can be seen for assessment (learning) and research.

In each of the focus groups, participants were asked to 'plot' their perception of involvement in various aspects of work along four continuums, as shown in figure one below:

Figure one: Involvement continuum

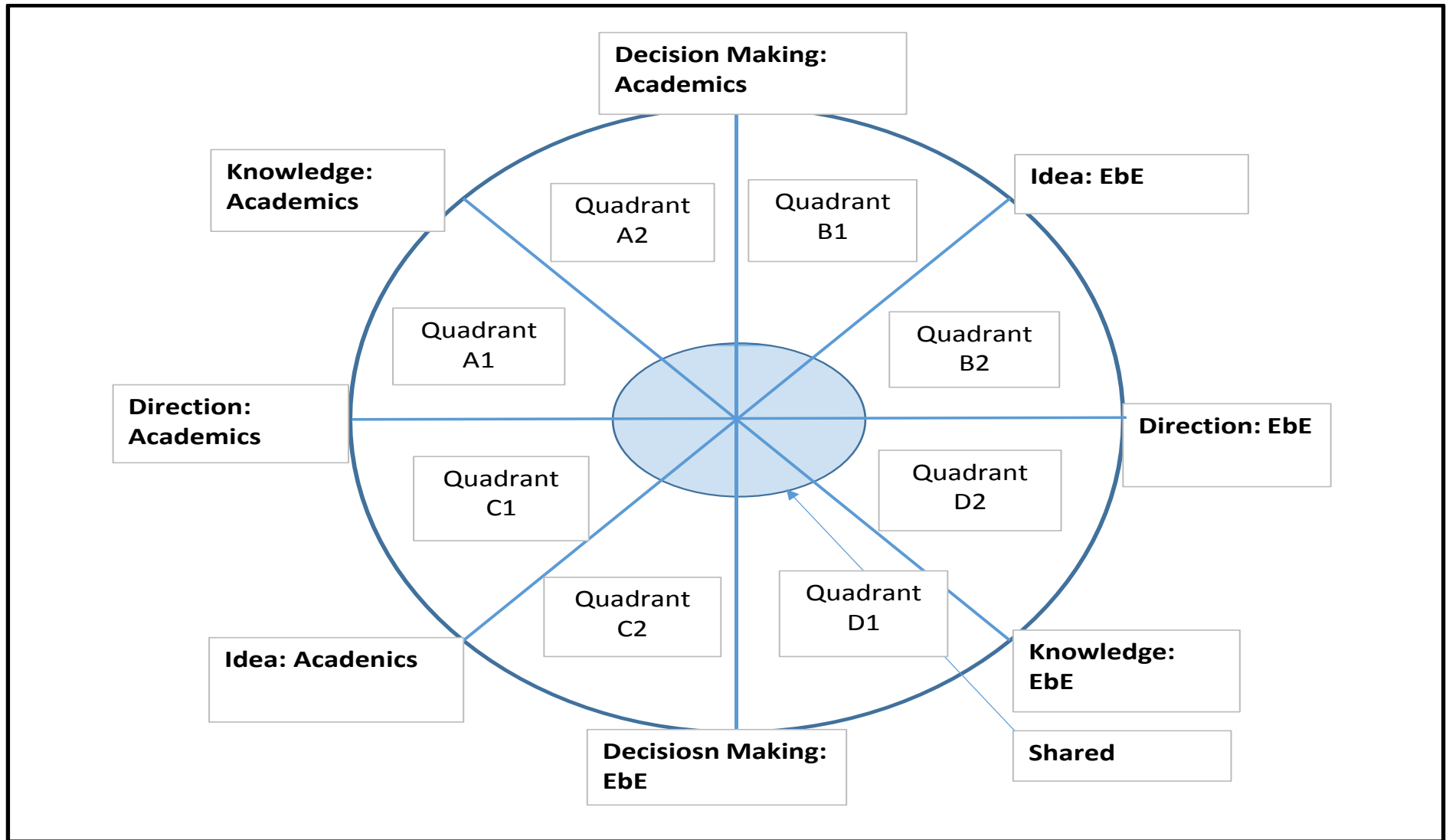
Decision-making		
A	B	C
Academics make the decisions	Decision-making is shared	EbE make the decisions
Control and direction		
A	B	C
Academics control & direct	Control & direction is shared	EbE control & direct
Ideas		
A	B	C
Academics have the ideas	Ideas are shared	EbE have the ideas
Knowledge		
A	B	C
Academics have the knowledge	Knowledge is shared	EbE have the knowledge

When the four lines are joined together at point 'B', eight types of participation/involvement are apparent (please see figure three below). Participation can therefore be happening separately or at the same time, depending on the activity. This is explained in figure two below:

Figure two: Various involvement activities

Model of participation – Axis Model of Participation (O'Brien, 2016)	
Quadrant A1	Academics initiate the activity and academics are viewed as the experts
Quadrant A2	Academics are viewed as the expert and academics make the decisions
Quadrant B1	Experts by Experience have the ideas while academics make the decisions
Quadrant B2	Experts by Experience have the ideas and they initiate the activity
Quadrant C1	Academics have the ideas and they initiate the activity
Quadrant C2	Academics have the ideas while Experts by Experience make the decisions
Quadrant D1	Experts by Experience are viewed as the experts and they make the decisions
Quadrant D2	Experts by Experience initiate the activity and they are viewed as the experts

Figure three: Axis Model of Participation (O'Brien, 2016)



Through using the Axis Model of Participation (O'Brien, 2016) the Research Team could determine the perceived levels of power sharing between academics and EbE as observed by academics and EbE themselves. The below examples focus on aspects of teaching, assessment and research that were 'plotted' and discussed in the focus groups.

Teaching: For the most part, academics and EbE thought differently about the levels of engagement that EbE have in teaching. This is particularly reflected in *knowledge* of the subject area; EbE had knowledge through their lived experiences while academics had academic knowledge. In this case EbE viewed the balance of power to rest with them while academics perceived knowledge to be shared. *Ideas* about teaching sessions and overall *decision-making* were also perceived differently by EbE and academics. In some cases academics perceived the EbE as holding the power but this was not reflected in the EbE focus groups who regarded the academics as holding the power here. Both academics and EbE regarded the *control and direction* of teaching to rest with academics.

Student assessments: EbE and academics regarded the *overall decisions* about student assessment as being shared with regards to student presentations (academics have full responsibility for written assessment). Both groups observed the *direction* of the activity as led by academics and also regarded academics as having the *ideas* for how assessments are carried out.

Research: EbE and academics saw the balance of power resting with academics in aspects of *direction* and *ideas* in research activity. Both groups of participants were split in their perception of who has the *knowledge* and who makes the *decisions*. This tended to be project specific and it was acknowledged that EbE have a plethora of experiential knowledge to contribute to a Research Team, but this is sometimes lacking.

Findings from the focus groups, questionnaire and the Axis Model of Participation were used to inform the development of the draft FHSCE Strategy for involving Experts by Experience in Teaching, Learning and Research.

4 Stage three: Findings presented to the Advisory Group

Following data analysis, the Research Team met with the Advisory Group to present the findings and establish the broad parameters of the Strategy. At these meetings a draft Faculty Strategy was agreed, to be presented to the Faculty Management Team (FMT) which also had membership from the Heads of Department.

5 Stage four: The draft Faculty Strategy presented to FMT

The PI presented the draft Faculty Strategy to FMT on 11th January 2017 and met with FMT again on 10th February 2017. The Strategy was agreed by the members including the appointment of a Faculty Lead for EbE involvement (Tony Calvey) and Champions in each Department supporting EbE involvement.

The intention of this project was to develop a 'Draft Strategy' which evolves and develops overtime and reflects changes made both within the Faculty and the wider policy context. It is therefore important that as the context of FHSCE and the involvement of EbE evolves, this new Strategy document, as agreed by FMT, requires fluidity and the willingness of those supporting it, to be updated as necessary. From here, within this report, this 'Draft Strategy' will be referred to as the 'Faculty Strategy' as approved by FMT in February 2017.

6 Stage five: The new EbE Faculty Strategy Showcase

The FHSCE Strategy for involving EbE Showcase event took place on 15th June 2017 in Chelmsford and was attended by staff across the three campuses as well as EbE themselves. In addition to presenting the research and the participatory process, the showcase event focussed on future plans for implementing the Strategy as presented by the new Faculty Lead (Tony Calvey). A number of Departments had identified Department Champions for EbE, some of which attended the showcase. This event raised awareness of the excellent work involving EbE across FHSCE and the plans for future developments. Jez Humberston (EbE) highlighted the numerous opportunities, as well as the apparent challenges, for EbE involvement when he spoke about his current and past roles. Jez also expressed his full support of the Faculty Strategy. Furthermore, the event helped to build momentum for the progression of this work.

7 Challenges

Although a successful outcome came from the project there were a number of challenges as the work evolved, these included:

- Releasing the two teaching staff from marking and other teaching commitments in order to participate on the Research Team was problematic in beginning the work.
- Conducting focus groups with staff in the Faculty was difficult due to the timings of the work. Initially, teaching staff were overwhelmed with marking and then colleagues were on annual leave over the summer months. We made the decision to hold the focus groups in September but as this was also a busy time for teaching staff, we experienced few responses. On some occasions it was necessary to cancel the focus

groups. As a result we designed an online questionnaire to capture the viewpoints of those staff members who were unable to participate in the focus groups.

- Challenges were presented in conducting the EbE focus groups for the service user researcher. For ease of access, two of the three focus groups were carried out when EbE were on campus anyway for other meetings. However for both groups their meetings over-ran leaving little time for active involvement in the focus group session.
- Payment to EbE was questioned by some, as this project did not have the budget to pay certain groups their usual rate. This rate varies for different EbE groups.

8 The FHSCE Strategy for involving Experts by Experience in Teaching, Learning and Research

Through following the process of Action Research methodology we developed a Faculty Strategy for involving EbE in Teaching, Learning and Research. The process enabled us to reflect on the excellent work going on in the Faculty as well as identifying areas for improvement. Involving the Advisory Group, staff members and EbE throughout the process as well as having EbE representation on the Advisory Group, ensured that the Strategy is grounded in FHSCE expectations and there is a passion to move this agenda forward. The Strategy, which will always remain a working document to allow for regular updates, has been agreed by FMT and a Faculty Lead has been identified to take this work forward. Furthermore, EbE Champions are being identified at Department level showing further evidence of a Faculty commitment to ensure that the involvement of EbE in our teaching, learning and research remains an integral priority in the work we do. The Strategy is presented below:

Working Document: FHSCE Strategy for involving Experts by Experience in Teaching, Learning and Research

Definition of Experts by Experience:

Experts by Experience are recognised as people with experiences of using health, social care and/or education services. This also includes those who care for them, such as (but not limited to) young carers, adult carers and parents of those using services.

In some cases, professionals in practice may also be considered as experts who are involved in our teaching, learning and research.

Key roles for 'Who by and when':

EbE Faculty Leads (site base OR teaching, learning, research based?)

EbE Co-ordinators (including SUCI Co-ordinator, Service User Researcher)

EbE Department Champions

Lecturers/Researchers

Strategic Aim 1: To embed EbE involvement in teaching, learning and research across FHSCE

Objectives	Action	Cost implications	Who by and when?	Measure/Monitoring
Establish Champions at all levels of the Faculty (FMT and Departments) supporting EbE involvement.	<ol style="list-style-type: none"> 1. Buy-in from Faculty Management Team to support EbE involvement. 2. Involvement Champions at Department level. 3. Standard agenda item on department meetings. 			
To establish an ethos of EbE involvement as central to our teaching, learning and research.	<ol style="list-style-type: none"> 1. To induct all new staff on how EbE involvement is central to our teaching, learning and research and reiterate to existing members of staff. 			

	develop any subsequent documents as required.		EbE Faculty Leads and EbE Champions	
Ensure a process of disseminating the Faculty-wide agreement to staff, students and EbE.	<ol style="list-style-type: none"> 1. Include in training and inductions for new staff as appropriate. 2. Set aside time for understanding the agreement at the start of year / course / project. 3. Signing by all to indicate understanding. 			
Strategic Aim 3: Ensure staff, students and EbE are appropriately trained and supported throughout involvement				
Objectives	Action	Cost implications	Who by and when?	Measure/Monitoring
To implement appropriate training and processes of support for staff when involving EbE in our teaching, learning and research.	<ol style="list-style-type: none"> 1. To identify appropriate training for staff on involving EbE. 2. To ensure issues of staff training are addressed by line managers and where relevant open to team discussions around where the support is needed across the teams. 3. Acknowledgement that problems might surface and put measures in 		<p>In-house/HR</p> <p>Line Managers/EbE Champions</p> <p>EbE Champions</p>	

	<p>place to ameliorate these.</p> <p>4. Regular meeting of Faculty Leads and Department EbE Champions.</p> <p>5. Develop set of resources for training and support.</p>		EbE Faculty Leads	
To ensure appropriate processes of support for students when involving EbE in our teaching, learning and research.	<p>1. To prepare students in advance of the EbE session by reminding them of the Faculty-wide agreement for involving EbE and providing details of student support services.</p> <p>2. To ensure a staff member is present throughout the EbE session.</p> <p>3. To debrief students after the EbE session and remind them of further support from student services.</p> <p>4. Develop set of resources for training and support.</p>		<p>Lecturer</p> <p>Lecturer/EbE Champions</p> <p>Lecturer/EbE Champions and/or Student Services</p> <p>EbE Faculty Leads</p>	

To implement appropriate training and processes of support for EbE when involved in our teaching, learning and research.	<ol style="list-style-type: none"> 1. To identify appropriate training for EbE on involvement in the Faculty (e.g. HR online courses on diversity training, introduction to ARU, etc.). 2. To discuss with EbE how their involvement fits in with the wider learning outcomes for the session. 3. To ensure a staff member is present throughout the EbE session. 4. To debrief EbE after the session in line with the Faculty-wide agreement. 5. Develop set of resources for training and support. 		<p>In-house/HR, EbE Co-ordinators</p> <p>Lecturer and EbE Co-ordinator</p> <p>Lecturer/EbE Champions</p> <p>Lecturer and EbE Co-ordinator</p> <p>EbE Faculty Leads</p>	
Strategic Aim 4: Develop the recognition of EbE and celebrate the value that they bring to our teaching, learning and research				
Objectives	Action	Cost implications	Who by and when?	Measure/Monitoring
To address the issue of payment to EbE to ensure it	1. To explore different payment options to EbE		EbE Faculty Leads	

is transparent across the Faculty.	<p>and ensure uniformity across the Faculty (for example, Faculty matching existing budgets for EbE involvement).</p> <p>2. To ensure agreed payment plans are communicated to all involved.</p> <p>3. To ensure that processes are in place to identify who is responsible for facilitating payment to EbE and that this is transparent.</p>			
To ensure EbE feel recognised as part of the Faculty community.	<p>1. Provide staff cards to EbE.</p> <p>2. Invite EbE to appropriate events (e.g. graduation, celebrating social work day, etc.).</p>		<p>EbE Co-ordinators</p> <p>All</p>	
To celebrate the contribution that EbE make to our teaching, learning and research.	<p>1. Invite EbE to make a contribution to Faculty and Department newsletters.</p>		Heads of Departments	

	2. Hold annual celebration recognising the contribution made by EbE.		EbE Faculty Leads	
Strategic Aim 5: Developing innovative opportunities for EbE involvement in our teaching, learning and research				
Objectives	Action	Cost implications	Who by and when?	Measure/Monitoring
Provide strategic opportunities for EbE involvement in our teaching, learning and research.	1. Invite EbE representation on Faculty Board, perhaps bi-annually with more time on the agenda. 2. Invite EbE representation to appropriate Department / team meetings.		EbE Faculty Leads Heads of Departments	
Provide opportunities for co-production of curriculum/research projects between EbE and academics.	1. Develop processes for EbE involvement in the establishment of new courses / modules / research projects. 2. Explore possibilities for involving EbE in current courses / modules / research project development. 3. To use the expertise of EbE in other courses		EbE Champions Lecturers and EbE Champions	

	through digital technology.			
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References

Cornwall, A. and Jewkes, R., 1995. What is participatory research?. *Social science & medicine*, 41(12), pp.1667-1676.

Department of Health, 2002. *Requirements of social work training*. London: Department of Health. Retrieved from: <http://www.scie.org.uk/publications/guides/guide04/files/requirements-for-social-work-training.pdf?res=true>

Department of Health. (2010). Equity and excellence: Liberating the NHS. *The Stationary Office*. Retrieved from: <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

Health and Care Professions Council, 2014. *Standards of Education and Training*. London: Health and Care Professions Council. Retrieved from: <http://www.hcpc-uk.org/publications/standards/index.asp?id=183>

McCutcheon, K., & Gormley, K. (2014). Service-user involvement in nurse education: partnership or tokenism? *British Journal of Nursing*, 23(22).

Moules, T., and O'Brien, N., 2012. Participation in perspective: reflections from research projects. *Nurse Researcher*, 19(2), pp.17-22.

O'Brien, N., 2016. To 'Snitch' or Not to 'Snitch'? *Using PAR to Explore Bullying in a Private Day and Boarding School*. Unpublished thesis, Anglia Ruskin University. Available from <http://arro.anglia.ac.uk/700970/>

Reason, P., and Bradbury, H., 2001. Introduction: Inquiry and Participation in Search of a World Worthy of Human Aspiration. In: P. Reason, and H. Bradbury, eds. *Handbook of Action Research*, Thousand Oaks, CA: Sage, pp.1-14.

Appendix 1: Scoping Review: Involving Experts by Experience in Higher Education Teaching, Learning and Research

Introduction

Purpose of the review

There has been a political push to involve Experts by Experience (EbE) in the teaching and research conducted in higher education institutes in order to strengthen the learning and development of future practitioners and in turn improve services for the future. This was enshrined by the Department of Health in 2002, and again in 2010 when the White Paper put forward a vision for the NHS that requires the involvement of service users as partners in all aspects of practice – including education and training - in order to put patients at the heart of everything it does and continuously improve those things that really matter to patients (DOH, 2002; 2010). In line with this, the Health and Care Professions Council (HCPC) has placed a renewed emphasis on the need for education providers to demonstrate service user and carer involvement in teaching and research to gain approval (HCPC, 2014). Despite these advancements, higher education institutes are largely left to their own devices in implementing the involvement of EbE in their activities, and there is little in the way of guidance, framework or strategy to facilitate effective and meaningful involvement of EbE in teaching, learning and research (McCutcheon and Gormley, 2014).

In light of this, the purpose of the review is twofold:

1. To explore the different approaches taken by higher education institutes in involving EbE in teaching, learning and research, including the benefits and challenges that have emerged from those approaches.
2. To consider examples of strategies and frameworks for involving EbE in higher education and their potential for informing a Faculty of Health, Social Care and Education Strategy at Anglia Ruskin University.

The implications from this review will be combined with the findings from workshops with staff members from the Faculty, as well as EbE who have been involved in teaching and research at Anglia Ruskin University, to inform the development of a Faculty Strategy on involving EbE in higher education.

Scope of the review

To capture the recent developments in involving EbE in higher education following the changes to standards set by the HCPC, this review focuses on literature from 2012 to the

present in the UK. It includes both published empirical research and grey literature to capture a broad range of relevant approaches and strategies.

The keywords pertaining to the concept of involving EbE in higher education were identified as “experts by experience”, “user involvement”, “user engagement” and “participation” plus “education”, “teaching”, “learning” and “research”. These keywords were used to search the Anglia Ruskin University library and EBSCO database provider, specifying the following databases: CINAHL Plus, ERIC, MEDLINE, Professional Development Collection, PsycARTICLES, PsycINFO, British Education Index, Educational Administration Abstracts, and Educational Abstracts (H.W. Wilson). Titles and abstracts were then assessed for relevance. Further searches of the keywords using the search engine Google returned grey literature in the form of articles, university websites, service user group websites and various resources to inform this exploratory research.

Structure of the review

The review begins by defining EbE and considering their various roles in higher education. Current approaches to involving EbE in specific programmes across a range of higher education institutes will be explored to identify different types of involvement. The benefits emerging from these approaches will also be discussed, along with challenges that were highlighted by the literature. Examples of strategies and frameworks for involving EbE in higher education will be presented to inform the development of a Faculty Strategy at Anglia Ruskin University, and finally an overview of the work that is already happening in this area at Anglia Ruskin University. The review concludes with a summary and implications.

Involving Experts by Experience in higher education

Definition of Experts by Experience

Experts by Experience can be defined as people who have direct experience of public services including health, social care and education services. These groups may also be regarded as “the public”, “service users”, “consumers”, “patients” and “clients”, however this terminology is considered problematic (Pollard et al., 2015). In contrast, “Experts by Experience” recognises the value of the experiential knowledge offered by these people and empowers them to make a meaningful contribution to higher education. This also encompasses carers, who gain direct experience of public services through caring for an individual that uses those services. The literature did however raise the importance of these people determining their own identity and how they would like to be referred to (Donskoy and Pollard, 2014); as such, many of the papers refer to “users” or “patients” based on the preferences of the research participants.

Involvement in higher education

With first-hand knowledge and personal experiences of using public services, EbE have an invaluable contribution to make in shaping and improving those services. Good practice increasingly sees service users and carers as active agents of change, rather than mere recipients, in both education and research (Ward and Padgett, 2012). In line with this notion, the Health and Care Professions Council (HCPC, 2014) has introduced new Standards of Education and Training (SET), whereby SET 3.17 states that “service users and carers must be involved in the programme” if the higher education programme is to gain approval and recognition. Higher education institutes now have to evidence, explain and justify where and how appropriate involvement takes place in some or all of the following areas: selection, developing teaching approaches and materials, programme planning and development, teaching and learning activities, feedback and assessment, and quality assurance, monitoring and evaluation. This can aid the adherence to other SETs and strengthen the overall programme by contributing the effective managing (SET 3.2), monitoring and evaluation (SET 3.3) of the programme, effective use of resources (SET 3.8), ensuring the curriculum remains relevant to current practice (SET 4.4), ensuring the range of learning and teaching approaches are appropriate to the effective delivery of the curriculum (SET 4.8), and placing professional aspects of practice as integral to the assessment procedures in both the education setting and practice placement setting (SET 6.3). The College of Social Work (TCSW, 2014) and the Nursing and Midwifery Council (2010) also introduced similar requirements that must be met before a higher education programme is endorsed.

So far, this has been fairly well integrated in the area of mental health and nursing (Terry, 2012a; Thomson and Hilton, 2012; Perry et al., 2013), however application onto other service areas has been less prominent, for example in radiotherapy education (Hill et al., 2014). Robinson and Webber (2013) provide a literature review on the models and effectiveness of service user and carer involvement in social work education but found a stark lack of empirical evidence of the impact on student performance or the subsequent quality of social work practice. In line with these trends, much of the literature included in this review were small-scale, qualitative evaluations of specific educational programmes involving EbE in some aspect of teaching and learning, for example gaining input from EbE to develop the curriculum of a programme; inviting EbE to share their story with students during a lecture; conducting role play activities where students simulate practice with EbE; or strengthening the assessment of students by giving EbE a voice. It is therefore useful to use literature reviews to identify common threads across these small-scale examples.

Chambers and Hickey (2012) conducted an extensive literature review and primary research into the nature and extent of service user involvement in the design and delivery of education programmes across a range of professions and institutions approved by the Health and Care Professions Council; identifying approaches, benefits, best practice, facilitators and barriers, to inform Standards of Education and Training. The type of involvement was most likely to be in programme development, whereas teaching and assessment tended to be on a more formal basis. Facilitators and barriers were grouped into three interrelated categories: infrastructure and support, most notably issues with payment, accessibility, and support for service users, students and staff; cultural issues, including recognising and respecting service users as EbE and ensuring effective leadership and commitment to involvement; and service user issues around recruitment, inclusivity and representativeness. It was stressed that any formal standards for involving service users in education should not be a 'tick box' exercise resulting in passive, piecemeal or tokenistic engagement, but should encourage meaningful and integrated involvement with a shift of power in decision-making from educators to service users – something that was seldom evident in the literature. Although the research could not identify best practice with an empirical basis, it sets the scene for an exploration of current approaches, benefits and challenges of involving EbE in higher education.

Current approaches to involving Experts by Experience

Involvement in programme design

Involving EbE in the design of higher education programmes enables them to shape the education of practitioners from the outset. An example can be seen in the involvement of children and young people with palliative care needs in the design of a children's nursing programme at Canterbury Christ Church University (Summers, 2013). The children's nursing team at the university ran focus groups with young participants recruited via the children's hospice service user forum in order to understand their needs and perspectives. Communication and making time to listen, accessing mainstream education, and the transition to adult services were identified as the most important factors and thus integrated into an improved curriculum that better responds to community needs.

In the realm of higher education services, Nielson and Yahya (2013) put forward the use of an online platform for students to provide feedback on teaching in order to co-create an improved programme curriculum, inspired by the development of this approach at the University of Greenwich. Although students benefit from increased ownership, engagement and collaboration in their own learning through this involvement, there can be tensions for the educator in the form of decreased autonomy, efficiency and to a certain extent, creativity. In

order to negotiate these and other challenges, it is important that there is an evidence base to support the involvement of EbE in programme design, as well as a strategy to guide effective and appropriate involvement.

Involvement in teaching and delivery

The literature on the involvement of EbE in the teaching and delivery of higher education programmes varied from casual one-off engagements, to professional partnerships between educators and EbE. De Montfort University offers a case study on the involvement of a prosthetic service user in a session for nursing students (Tremayne, Russell and Allman, 2014). Students gained an authentic and meaningful insight into adapting to amputation and living with a prosthetic limb, which gave context to theory on how to provide personalised care for patients through different stages of amputation recovery. This was however a small-scale investigation focusing on enhancing student knowledge, understanding and skills in one specific area, rather than the contribution of EbE to teaching and learning to work with patients more broadly.

Gutteridge and Dobbins (2010) sought the perspective of academic staff on EbE involvement and received reports of a positive impact on student learning, although staff recognised that this view was not evidence-based. Difficulties in establishing links and networks, organisational and cultural barriers, as well as the need for strategic leadership and direction were highlighted. They claimed: *“While involvement is required and was perceived positively to enhance the student experience, this should not lead to assumptions that any involvement is better than none and more research is needed to identify where and how added value can confidently be achieved”* (p.511). Nonetheless, with strategic and operational support, greater levels of purposeful involvement was projected as the future ideal. Meanwhile, student evaluations of the interactive, narrative case study approach to teaching health and social care students at the University of Huddersfield indicated that students were more engaged by real-life stories, which stimulated thinking about their future careers and skill development (Ward and Padgett, 2012).

Involvement in selection and assessment

With their unique and informed perspective on what makes a good practitioner, involving EbE strengthens the selection of students for admission to a higher education programme, as well as the assessment of students for progression into practice. Webster, Goodhand, Haith and Unwin (2012) highlight that EbE who volunteered to give feedback on student nurses at the Robert Gordon University had a strong sense of empathy for the students, but needed authenticated feedback on their own performance and to understand the purpose of their role

in order to make a constructive contribution. Building on this, Maplethorpe, Dixon and Rush (2014) found that service users who received a four-day preparation course before facilitating the supervision of student nurses gained valuable skills and felt that they were better placed than lecturers to undertake this role. Although in this case students were uncertain to begin with, as the service users gained confidence their appreciation of the interactions with service users increased.

At Canterbury Christ Church University, in addition to involvement of children and young people in programme design, narratives on the desirable qualities of children's nurses were also incorporated into student selection criteria and assessment regarding professionalism, effective communication, interpersonal skills and the provision of compassionate nursing care (Summers, 2013). Similarly, the involvement of EbE in the assessment of radiography students was perceived as valuable in developing patient care, communication and positioning skills; making the exercise more relevant and meaningful (Naylor, Harcus and Elkington, 2015). Muir and Laxton (2012) evaluated a project on involving EbE in the assessment of medical students at the University of Leeds and found it brought a different and valuable perspective to the process, which has informed a review of the assessment tools used by the university: *"The combination of their personal and professional experiences, along with the preparation they had received, helped bridge the gap between service users in practice and university based tutors"* (p.1). This demonstrates how the involvement of EbE not only improves student learning and future practice, but also the processes and integrity of the higher education institute as a whole.

Involving Experts by Experience in higher education research

As with involvement in teaching and learning, there are different models of EbE involvement in health and social care research (Chambers and Hickey 2013), and it has been suggested that collaboration between disciplines to undertake research that involves or is led by service users and facilitates the voice of marginalised communities would be particularly advantageous to drive the movement forward (Boxall and Beresford, 2013). Loughran and McCann (2015) claim the aspiration for entirely user-led research is unattainable as research is ultimately directed by funders who stipulate certain conditions and requirements that are incompatible. However as a step towards this, they acknowledge the importance of establishing partnerships between the researchers or higher education institutes and the community or service user group before commencing research. Similarly, Simpson et al. (2014) reported on the benefits of establishing research advisory groups for service user and carer participation in research, including greater representativeness, less pressure on individuals to contribute, more opportunities for teaching of research methods, and a

“synthesis of learning” that allows for new ideas and approaches. Chamney (2014) found that this kind of approach can have a positive impact on both the research itself and the academic community, for example by influencing the curriculum and generating substantial involvement of service users in research projects from grant applications to conference presentations to academic publications. Another possibility for involving EbE at the early stages of research is drawn from the work of Whear et al. (2015), who evaluated the web-based processes used by a partnership between a health service and a university to involve a range of stakeholders - including service users - in establishing priorities for the local health research agenda. This involvement enabled service users to shape the research agenda from the start and direct researchers towards the most relevant health questions for the local community.

Other methodology for engaging EbE in research includes Participatory Action Research (PAR), which has been used in recent years in the area of mental health research with young people (Taggart et al., 2013) and social work research (Biskin, Barcroft, Livingston and Snape, 2013). The authors of the latter identified the need for preparation, training and investment in order to ensure commitment to and understanding of involvement by all stakeholders and lead to a process of change; yet they explain: *“We often felt like we were doing our research project in a vacuum, sustained by our own awareness and motivation rather than any strategic and integrated approach”* (p.313). O’Reilly et al. (2016) draw attention to the value of this work particularly for raising the voice of marginalised communities. They used Participatory Learning and Action (PLA) research to train a group of migrants as service user peer researchers who were then able to access hard-to-reach migrant service users and facilitate meaningful engagement for academic research. However, there are many complexities to this approach that may hinder meaningful involvement. For example, Forbat and Hubbard (2015) found that carers trained as co-researchers experienced interactional difficulties when conducting qualitative interviews with other carers, which was attributed to differences in the co-construction of caregiving leading to contrary accounts of care. Nonetheless, when positioned within mainstream research service users can become a highly qualified research workforce that can challenge the academic dominance of research (Patterson et al., 2014), and EbE themselves identified that they can make a constructive contribution by ensuring research is relevant and useful; regulating the pace of research to align with lived experience; and acting as an interpreter to facilitate better communication between service users and researchers (Moltu et al., 2013).

Further benefits and challenges for involving EbE in research have been documented. Brett et al. (2014) reviewed the impact of involvement on both individuals and communities and found that service users felt empowered and gained confidence, if the preparation and training

had been sufficient; researchers gained greater insight and built a relationship with the community, although finding money and time to ensure meaningful involvement was an issue; and communities increased their awareness about their condition, but some felt overburdened with the work. Using older people as co-researchers is fairly well established and has particular benefits: EbE themselves gain skills, knowledge, opportunities and build social relationships with peers thus promoting social inclusion, while academic researchers have the opportunity to critically reflect on alternative experiential knowledge and students develop an appreciation of the experiences that older people can contribute (Gutman et al., 2014; Littlechild et al., 2015). However, Littlechild et al. (2015) caution that impact should be critically evaluated by everyone involved to avoid reproducing social oppression, particularly of older people with dementia or those from black and ethnic minority groups. EbE are likely to have differing perspectives, roles and abilities to participate as well as differing preferences about what stage of the research process they would like to be involved in (Joss, Cooklin and Oldenburg, 2015). It is therefore important to keep the methodology flexible and to acknowledge how “who we are” has informed our perspectives, which will open up the space for those without research experience to challenge academic knowledge and conventions leading to new understandings that may otherwise have been overlooked (Gillard et al., 2012). Flemming et al. (2014) provide a good example of this in their reflection on an innovative collaboration between disabled people, practitioners and academics in social work research that *“challenges others to think about more inclusive and diverse research alliances to address complex research questions”* (p. 718).

Involving specific groups of Experts by Experience in higher education

Some research has focused on the involvement of a specific group of people in higher education, such as children and young people or adults with learning disabilities. This may require specialised approaches to involvement and may raise unique challenges. Beadle et al. (2012) developed the ROOT framework for involving vulnerable groups in the education of health workers, specifically in creating reusable learning objects (personal stories of experiences as people with learning disabilities) whilst taking into account issues of consent, ethical practice and collaboration. The key principles of the framework were: **R**elationships (collaboration, participation, reciprocal, respectful, trust), **O**rganisation (remuneration, time management, evaluation), **O**utcomes (educational, social, effective, knowledge and understanding, different perspectives), and **T**eam development (interprofessional, inclusive, engaging, real). In the realm of teacher training, Raphael and Allard (2012) present a creative approach to positioning adults with intellectual disabilities as EbE and using drama to explore their schooling experiences with student teachers. This offered teachers the opportunity to

develop their capacities for engaging with children with special educational needs and facilitate inclusive learning in future practice.

As looked after children are often more likely to require health care services, Sinclair et al. (2012) highlight the need to collaborate with looked after children in nursing education. This involvement inspired the students and challenged the stereotypes they held by demonstrating the resilience of looked after children. The wellbeing of the looked after children was raised as critical issue to be considered in the process of involvement. However the benefits for those children with regards to gaining an insight into university life are compelling, considering the poor representation of looked after children in higher education. Further, Franklin et al. (2016) involved young people as co-researchers to explore social media as a mechanism for sharing the views and experiences of young people in social work education. There were fewer opportunities than expected, and problems such as ownership (sites written by adults speaking on behalf of young people) and sustainability (sites closing down or restricting content) were evident. The authors conclude that strategies are needed to support the access to and sustainability of social media as a mechanism for facilitating the involvement of young people in higher education.

In contrast, Evans (2013) promotes the potential of social work student placements in disabled people's organisations as a way of learning directly from disabled people as experts and activists, as well as delivering social care services and increasing opportunities for the co-production of knowledge. This turns the approach to involving Experts by Experience on its head by allowing them to contribute to student education on their own terms, and indicates the possibilities for many innovative approaches that have been largely unexplored.

Innovative approaches to involving Experts by Experience

There have been a number of unique and innovative approaches to EbE involvement in teaching and research emerging in the recent literature. One example can be found in Quinney and Fowler's (2013) evaluation of online group learning between social work students, service user and carers. They conclude that although these platforms could be complicated to organise, even this basic level of interaction with EbE can enhance student learning and personal development. Building on this, Fenton (2014) and Teryy (2012b) used digital stories from EbE for students to gain an insight into the lived experience of service users with the possibility of also holding online discussions about the stories. This was found to be a cost-effective way to help students develop greater empathy, insight and understanding of the experience of service users, and could also facilitate greater representativeness of EbE

involvement; it may prove useful in circumstances where face to face contact is constrained due to practical, ethical or preferential issues.

Another example can be drawn from Terry, Raithby, Cutter and Murphy's (2015) investigation into combining the inter-professional learning of social work and nursing students with EbE involvement through a World Café on mental health. The event itself was planned by students and EbE to allow all participants to learn from different perspectives and reflect on their own practice and engagement with others. The authors suggest that the World Café approach offers a template for other educators looking to strengthen inter-professional learning and EbE involvement in their teaching. Fallon et al. (2012) also used a World Café focusing on the mental wellbeing of young people and promoting collaboration between young service users and carers, the voluntary sector, health and social care practice, secondary education and higher education. The young people participating in the event benefitted from feeling valued, included, and facilitated to share their lived experiences and mental health needs, which resulted in a mutual understanding amongst their audience.

Robbins (2014) takes an innovative approach to involving Experts as Experience in social work education on domestic violence by drawing on the student's first-hand experiences of violence. Students worked in groups to write personal accounts in third-person (for greater anonymity), which not only highlighted the different forms of knowledge and understandings of violence, but also offered the opportunity for self-reflection and experiential learning. From this, the author has developed the use of stories and narratives within the classroom, including a module on Social Work and Service-User Perspectives.

Finally, Cabiati (2016) has developed an innovative education experience based at the University of Milan, entitled 'Social Work Orientation'. This not only involves Experts by Experience in the teaching and learning of students - with great impact considering it is not a requirement in Italy - but also involves students as part of a 'dynamic circle of knowledge' between service users, professors and students. Professors are seen as 'facilitators' rather than educators, while students are active protagonists in their own learning through participation, critical reflection, and the mutual construction of the course activities. This empowers the students and encourages them to consider social work as a relational challenge, whose resolution requires a partnership between all the people involved (including service users).

Benefits of involving Experts by Experience

Benefits for the students

Much of the literature focuses on the impact and benefits of involving EbE in higher education from the perspective of students. Irvine, Molyneux and Gillman (2015) found that social work students perceived the experience as overwhelmingly positive and that the input from EbE improved their future practice. Further studies on the attitudes of current and recently graduated students from a range of courses provide support for authentic, meaningful, patient-centred learning based on interactions with EbE, which was reported to add value, enhance learning and bridge the gap between theory and practice (for example, Chambers and Hickey, 2012; Duffy, Das and Davidson, 2013; O'Donnell and Gormley, 2013; Henriksen and Ringsted, 2014; Román, López and Martínez, 2014; Rouse and Torney, 2014; Turnball and Weeley, 2013). Indeed, Atkinson and Williams (2011) claim that *“the knowledge students gain from service users often far outweighs any insight lecturers could have given”* (p.21).

Studies that focused on EbE involvement in order to improve knowledge, skills and confidence in working with people with learning disabilities found a positive shift in student attitudes towards people with learning disabilities (Smith and Forrester-Jones, 2014; Smith, Ooms and Marks-Maran, 2016). This suggests that EbE involvement not only improves the practice of individual students, but may also contribute to a decrease in the marginalisation and discrimination of vulnerable groups across health, social care and education services. The majority of the students participating in a collaborative learning initiative with mental health service users and carers reported that through dialogue they gained a deeper understanding of mental health issues, which strengthened theoretical perspectives and prepared them for collaborative models of practice (Tew et al., 2012). However, a minority of students showed a preference for more conventional teaching to acquire “specialist” knowledge, raising important issues about the expectations surrounding professional education and practice.

Stacey et al. (2015) found support for the potential of combining lived experience with enquiry-based learning to ‘trigger’ transformative learning in nurse education. Students reported that this approach challenged their preconceptions and made a positive impact on their understandings of complex theory. However for this to be progressive, educators must support students in processing the emotive nature of the interaction. Further, Rhodes (2013) conducted an in-depth narrative analysis with one children’s nursing student reflecting on her experience of EbE in her education immediately after completion and again one year into practice. Themes of authenticity, self-awareness, resilience and coping, professional relationships and personalised care were raised through interactions with EbE, which prepared the student for responding with empathy and compassion in practice.

Benefits for the Experts by Experience

It is recognised that although the main purpose of involving EbE in higher education is to enhance student learning and awareness of the patient as an individual, EbE themselves also benefit from the process (Terry, 2013). Those who had participated enjoyed sharing their experiences and felt their contributions were respected and valued; in some cases, feedback was unanimously positive (see, Chambers and Hickey, 2012; Naylor, Marcus and Elkington, 2015; Speers and Lathlean, 2015). Curran, Sayers and Percy-Smith (2015) found that networking with other service users and carers as well as developing skills for enabling professionals to change were important aspects of involvement for EbE in their personal drive to challenge and change health and social care services.

For McKeown et al. (2012), the value for EbE in participating in higher education included benefits such as a positive sense of self, social and relational benefits, and altruism in activism. Similarly, Thomson and Hilton (2013) found that service users felt they could be instrumental in a process of change by challenging student assumptions around disability and sharing both positive and negative experiences from the 'other side'. Keenan and Hodgson (2014) investigated the underlying motivations for becoming involved in radiotherapy and oncology education and found that promoting awareness by sharing their experience, improving patient care for the future and the personal reward of giving back to the service were most important and contributed to a sense of purpose and wellbeing. No negative aspects of the experience were reported, although due to the cathartic nature of the exercise the authors made explicit the need for appropriate and formal support.

Benefits for higher education institutes and wider society

These pertinent benefits for both students and EbE point towards the potential for transformative learning that enhances the student experience, empowers EbE, and ultimately shapes a more compassionate future workforce and improved future practice. Indeed, Blackhall et al. (2012) found service user involvement was highly valued by staff as well as students and service users. Staff members at higher education institutes have reported many positive aspects of service user involvement, such as it developing the learning of students and challenging power differences; however there were also negative aspects, such as service users having differences in opinion of agendas and a lack of resources (Clarke and Holttum, 2013).

Involving Experts by Experience can help higher education programmes to be grounded in the current realities of the society in which they are taught. For example, Duffy (2012) and Coulter et al. (2013) explore the involvement of victim/survivor service users in social work training in Northern Ireland to develop the awareness and cultural competence of students within a

society divided by political conflict. This enhanced the capacity of students to offer practice that is appropriate to the particular context, therefore strengthening the worth of the educational programme. Mackay and Millar (2012) also highlight the benefits to the higher education institute in engaging with the public and presenting opportunities for good partnership working.

Moreover, McKeown et al. (2014) discuss of the potential for the involvement of EbE to affect transformative change and postulate that EbE are interested in participating beyond simply getting involved and having a voice. Academics can support and facilitate debate and learning around the critical issues raised by EbE, which are then taken forward by students into practice. In this way, the involvement of EbE in education can be depicted as a form of activism for progressive social change. But despite the considerable benefits of involving EbE in higher education for all stakeholders, there are also many barriers and challenges to genuine, effective and sustainable involvement.

Challenges for involving Experts by Experience

Preparation and support

Ensuring effective preparation for interactions between students and EbE, as well as providing appropriate support throughout to both students and EbE, were seen as central challenges in the literature (for example, Skoura-Kirk et al., 2013; Speed et al., 2012; Curran, Sayers and Percy-Smith, 2015). Further, Speed, Griffiths, Horne and Keeley (2012) explore a number of pertinent issues relating to sustaining the interest and continued collaboration of EbE in nursing education, including understanding the context of the student group, ensuring sufficient preparation, providing appropriate support and feedback, and allowing EbE to be “real”. These findings indicate the critical need for developing appropriate preparation in terms of training and logistics as well as support before, throughout and after involvement for all concerned: EbE, students and educators. This needs to be comprehensive and consistent across different programmes and departments within universities in order to achieve sustained commitment to the meaningful involvement of EbE in higher education.

Vulnerability presents a further barrier for the feasibility of involving EbE who, particularly in the realm of mental health, may have a limited capacity to communicate or other difficulties in participating (Happell, Bennetts, Platania-Phung and Tohotoa, 2015). This raises concerns over who is represented and who is excluded from involvement, as well as how to support those who do participate. In addition, Kara (2013) notes the importance of recognising that carers have a substantially different role to service users and indeed both may hold more than

one role relevant to research. Therefore preparation and support needs to be tailored, as Muir and Laxton (2012) state: *“training cannot be standardised and should instead be a way of meeting the specific needs of the service users you are working with”* (p.149). Universities, educators and EbE need work collaboratively to build on the strengths and capacities of EbE and support them to offer their authentic perspective.

Power and inclusion

Given the shift from seeing service users and carers as passive recipients of services to becoming active determinants of those services, involving EbE in higher education raises issues of power and inclusion. Both Skilton (2011) and Duffy, Das and Davidson (2013) researched EbE involvement in the assessment of social work student's readiness for practice and found that careful preparation and open dialogue were essential in order to address inherent power imbalances between EbE, students and educators, clarify expectations from all parties and strengthen processes of reflection and feedback. Beresford and Boxall (2012) put forward the idea of initiating collective involvement of user-led organisations, rather than isolated involvement of individuals. This provides the opportunity for service users to challenge dominant understandings of the service user experience that may be prevalent in higher education institutes through a more powerful, unified voice. Not only would this allow students to get a truly authentic insight into service user's own knowledge and ideas, but it would increase the capacity of the service user movement to effectively influence practice.

Power imbalances are even more evident with regards to vulnerable or marginalised groups, who may be excluded altogether from being involved in higher education. The accessibility of the role of EbE is a contentious issue; for example, service users themselves have found justification for a selection process in order to ensure students received a fair and positive educational experience (Skoura-Kirk et al., 2013). On the other hand, Bollard, Lahiff and Parkes (2012) emphasise the need to break down exclusionary structures in order to promote involvement that is inclusive of all groups, including people with learning disabilities. Beresford (2013) identifies issues of equality, where people live, communication, the nature of impairments, and unwanted voices as key reasons for exclusion. He stipulates that access and support are fundamental to involvement and calls for approaches that include different forms of involvement, outreach and development work, advocacy and a sustainable environment for effective and inclusive involvement.

The risk of tokenism

Issues of preparation, support, power and inclusion feed into the challenge of tokenism in involving EbE in higher education. McCutcheon and Gormley (2014) claim that despite public,

professional and political support, the type of service user involvement is often consultative rather than a partnership, and therefore remains tokenistic. Moreover, they state that the failure to design infrastructures with the necessary funding and support can lead to the dissatisfaction of those involved and further undermine the aspiration for true partnership. Nonetheless, they conclude that true partnership is achievable in all aspects of nursing education – and indeed that inclusion of service users in all aspects is essential to avoid tokenism.

Duffy, Das and Davidson (2013) suggested that tokenistic approaches to involving EbE in social work education can be reduced when students, educators and EbE critically engage with and reflect on issues of power, partnership and risk. These issues after all reflect those that are evident in health and social care practice in reality. Anka and Taylor (2016) highlight the need to strengthen the capacity of EbE to take a more active and confident role by providing formal and accredited training, which would mediate power imbalances, maintain academic standards, and avoid tokenism. Similarly, Terry (2013) emphasises the need to establish shared values of working in partnership with dignity and respect, in order to ensure positive experiences and mutual benefits for both students and EbE, while Skoura-Kirk et al. (2013) underscore the need for collaborative working relationships based on trust to facilitate a more critical engagement of EbE.

Strategies and frameworks for involvement in higher education

The need for strategies and frameworks

Broadly speaking, these challenges are to be expected in the absence of formal guidelines, resources and funding, or a strategic educational framework on exactly what EbE involvement should look like, when it should occur, how it should be implemented, and so on. Without direction and support, EbE, students and educators are left in a precarious position and EbE involvement may even be detrimental to its intended aims. For example, Skilton (2011) found that due to limited guidance and training for EbE, social work students did not receive the same experience during interactions with EbE and some found it daunting, stressful and felt unprepared. Indeed, Stacey et al. (2012) put forward a note of caution around involving EbE in higher education, stating that “Without the appropriate evidence-base to support the implementation and without new systems of payments, support and training for service users, there is a real potential for tokenism”. In particular, they argue that involving service users in the role of “assessor” can be unethical and damaging for both the student and the service user.

A further consequence is the severe lack of empirical evidence on the actual impact of involvement on student performance and subsequent practice (Rhodes, 2012). Although there are many examples of effective and collaborative involvement, this is too often a small-scale case study that does not show widespread involvement across higher education institutes (see for example Cleminson and Moesby, 2013, who describe the relationship between an educator and one service user, albeit collaborative and effective). This is a concern shared by much of the literature, which highlights the need for structured support and further research to facilitate and demonstrate impact (for example, Perry et al., 2013; Scammell, Heaslip and Crowley, 2016; O' Donnell and Gormley, 2013; Carter and Brown, 2014). Indeed, Schön (2015a; 2015b) cautions that EbE involvement should not be considered as something self-evidently good considering its complexity, and issues on clarity, sustainability and accountability need to be addressed. An educational framework is therefore a step in the right direction, however it must be based on evidence of best practice and examples of success.

Examples of strategies and frameworks

In conducting this review, a number of approaches have stood out from the grey literature as examples of well-established strategies or frameworks for involving EbE in higher education. This is not intended to be an exhaustive list of all universities that have a formal or substantial approach to involving EbE in teaching, learning and research; rather a selection of case studies from which learning can be drawn for the development of a Faculty of Health, Social Care and Education Strategy at Anglia Ruskin University. The approaches are summarised below.

Public Involvement Policy and Strategy – University of Lancaster

The [University of Lancaster](#) clinical psychology programme philosophy and vision states that “we have a commitment to building a genuine partnership between service users and those involved in the programme”. This partnership aims to build trust and mutual learning through service user involvement in teaching, selection and admissions, research and programme management. The work is facilitated by the Lancaster University Public Involvement Network comprised of members of the public and staff with an interest in service user involvement in clinical psychology training.

Principles underpinning service user involvement

Partnership – we aim for the embedded participation of service users to jointly develop and achieve the programme vision.

Intention to Change – we have a fundamental intention and commitment to adapt and evolve as a result of service user participation.

Power Relationships – we will seek to minimise organisational resistance and the effects of power relationships between service users, students and members of staff by ensuring involvement is participative and user-led, to avoid limited or tokenistic involvement.

Expertise - we recognise the validity and worth of the unique expertise that service users have developed, and will aim to treat service users and carers as 'experts by experience'.

Representativeness - we aim to invite involvement and promote the representation of a wide range of service users to include those who are marginalised from mainstream services and often under or unrepresented in participation to develop those services.

Managing Expectations - we aim to be as clear as possible about expectations and limits of the partnership, and the process and impact of service user involvement will be monitored and evaluated on an ongoing basis through service user, student and staff feedback.

Inclusivity - we welcome diversity and the involvement of people regardless of age, gender, ethnicity, faith, sexual orientation, or ability.

Resources and support for service user involvement

Programme staff are responsible for chairing the Lancaster University Public Involvement Network steering group and subgroup meetings. There is dedicated time for staff – clinical, research and administrative - to support service user involvement, and suitable meeting venues, travel expenses, and payment for activities when appropriate are provided. Service users and carers can claim travel expenses at public transport rates for attendance at most meetings and teaching sessions and fees are also paid for some activities, but the level of involvement is dependent on personal choice – there are no prior expectations of time commitments. Reasonable adjustment can be made to ensure participation is accessible for those with a disability. The programme aims to meet relevant training and development needs that arise.

Collaborative Involvement - University of Bradford

The Faculty of Health Studies at the [University of Bradford](#) has an active Service User and Carer Group which is collaboratively involved in a vast range of activities detailed below. Two dedicated staff members support this involvement: a Strategic Lead and an Administrator.

Involvement with students

Interviewing - After completing interview training, service users and carers form part of the interviewing panel and are fully involved in the assessment and selection of prospective students for most undergraduate programmes. *Sharing experiences* - Service users and carers are frequently invited to share and discuss their experiences of receiving health or social care services with students. To increase these opportunities, audio or video digital stories have been produced with individuals who do not feel comfortable talking directly to students. They can also discuss important issues with teaching staff, who can integrate insights into their teaching. *Assessing skills and knowledge* – There has been some collaboration with service users and carers in assessing students at regular intervals, for example in demonstrating certain techniques for specific conditions and providing feedback on academic work.

Involvement with staff

Strategic involvement in the Faculty – Wherever possible, the university strives to involve service users and carers in the life of the Faculty. For example, there has been involvement in the Annual Contract Review, at interviews for the new Dean (2009), at the annual Research and Knowledge Transfer Faculty Showcase, and on various Committees. *Service User and Carer Advisory Group* – This group meets quarterly and provides a forum for service users and carers who are interested in influencing health care education and training to meet and discuss ideas with staff and students. *‘Bradton’ online community* – This partnership project created an inter-professional learning and teaching resource that presents the experiences of real people online in film, audio or transcript format to promote insight for students and wider communities. *Course management teams* - Discussions with service users and carers are particularly useful to verify that the content and management of programmes reflect current concerns in health and social care.

Involvement with the local community

The Faculty seeks and maintains good relationships with a range of different organisations (including local NHS and social care providers) to facilitate information sharing about service user and carer initiatives and promote opportunities for collaboration. This has included engagement with the Bradford Local Involvement Network (LINKs), working with local support groups for people with dementia, sensory deficits and multiple sclerosis, involving the Shipley Expert Patient Group for people living with long term conditions, and joining the Strategic Disability Partnership which promotes the needs of people with a disability in the district.

Work with asylum seekers and refugees

In addition to this extensive involvement of service users and carers in their work, the Faculty has also received a [Sanctuary in Health award \(2015\)](#) for its inclusive work with asylum seekers and refugees – the first university department in the UK to do so. This work evolved from the insights of refugee and asylum seeking women in the Service User and Carer Group, which has led to staff training around asylum issues, refugee related research and fundraising for asylum seekers.

Comensus - University of Lancashire

[Comensus](#) is a service user and carer led group that ensures these voices are embedded in health and social care at the University of Lancashire and “*support[s] students to be the best practitioners, researchers and educators they can be*”. This work is facilitated and constantly expanded across the university and in the local community through the following strategies.

Steering groups

Community Involvement Team - meets regularly and is made up of core Comensus members who plan involvement strategically across the university and act as a mediator between educators and service users and carers. *Engagement Advisory Group* - meets quarterly and is made up of academic staff members with an interest in user involvement, third sector community groups from the local area, representatives from Lancashire Care Foundation Trust and Comensus service user and carer representatives.

Action and engagement

Comensus is involved in many local community events as well as university open days and conferences. They also organise an annual Authenticity to Action Conference to explore different factors affecting service user and carer involvement, as well as the One in Four Film Festival to raise awareness of mental health. The [Comensus website](#) provides a rich library of resources to support the involvement of service users and carers in higher education.

Service Users and Carers Council – Edgehill University

Service users and carers have long been involved in the design, development and delivery of programmes within the Faculty of Health and Social Care, and the [Council](#) was formally established in 2012 as a partnership between staff and services users and carers to share knowledge and expertise, good practice and ideas for effective involvement.

Service user and carer strategy

The strategy sets out the aims, objectives, and vision of the Council, which provides a framework for the maintenance of current practices and the development and implementation of new activity that will strengthen service user and carer ‘voice’ across the Faculty and engage in both education and research. Ensuring policies and procedures are in place for the safeguarding of service users and carers is indicated in the strategy. There is also an annual action plan which is monitored and updated by the Service Users and Carers Council and provides demonstrable evidence of work.

Involvement in education and research

We aim to involve service users and carers in all aspects of our educational provision, for example, during interviews, planning of training programmes, and assessment tools. We provide training and support for all service users and carers who work with us to ensure that you are prepared to participate with confidence in the activities of the Faculty, training and development sessions are provided on an annual basis. Service users and carers have also been involved in Faculty research in a range of ways, including prioritising and refining research topics; helping with the preparation of funding bids; piloting materials to be used in studies such as information sheets or surveys; and being part of research advisory groups or steering groups. This work is based on INVOLVE, a national advisory group that supports greater public involvement in the NHS, public health, and social care research. INVOLVE describes involvement in research as having three levels: consultation, collaboration and user control.

Service User and Carer Involvement – Canterbury Christ Church University

By [collaborating with service users and carers](#) we aim to enhance learning and future practice by ensuring our Clinical Psychology programme is underpinned by the goals, needs, and strengths of service users and their families. The British Psychological Society has noted our outstanding work in this area:

"Service user involvement in the programme is innovative and exemplary, particularly in relation to the efforts being made to break down the them/us, staff/trainee/service user barrier towards a concept of all of us potentially or actually being service users. This has been and continues to be a process-based, systemic intervention into the whole programme that is an example of national best practice."

Service user projects

SAGE: Salomons Advisory Group of Experts – This group is made up of people who have used, or cared for someone who has used, NHS mental health services, who meet with students and staff every two months to discuss issues of relevance to the programme.

Placement Advising Scheme – Students on placement are paired with a service user or carer through a mentoring scheme and meet each month to discuss issues related to service delivery.

Service User and Carer Involvement in Teaching – Service users and carers are increasingly involved in teaching which enables students to understand the perspective of someone with experience of using services. This is valued highly by service users and students alike.

Involving Service Users and Carers in Research – Service users and carers are increasingly involved in working with trainees as they undertake research, providing constructive feedback on aspects such as designing questionnaires and information for participants.

Personal Experience in Training and Practice (PETP) Group – An initial seminar in 2010 led to an action research project which offered students and staff the opportunity to explore issues of personal experience while researching the process as it happens.

Experts by Experience Reward and Recognition Guidelines – Sheffield Hallam University

Sheffield Hallam University has produced [reward and recognition guidelines](#) to facilitate the engagement of Experts by Experience within the Faculty of Health and Wellbeing. This includes core principles of involvement adapted from Skills for Care and The Commission of Social Care Inspection and the General Social Care Council and Social Care Institute of Excellence.

Principles of engagement

A clear reason and purpose for engagement, using principles of shared decision making between staff, students and the public. *Appropriate engagement in education and research* with people who use health and social care services, agreeing flexible ways in which people can contribute to Faculty work. *Clear responsibility and accountability* agreed through partnership working to develop priorities through shared decision making. *Value and recognition* for the contribution of all stakeholders in the Faculty of Health and Wellbeing including 'experts by experience', students and staff. *Informed changes* using what we have learnt through the engagement of staff, learners and experts by experience to influence changes in our ways of working to achieve better outcomes. *Harnessing the potential* for people to be involved, by identifying and overcoming any barriers to involvement.

Involving Experts by Experience at Anglia Ruskin University

Anglia Ruskin University mission and values

Anglia Ruskin University is one of the largest universities in the East of England with campuses in Cambridge, Chelmsford, London and Peterborough. Our mission is: We are exceptional and imaginative in the advancement of knowledge and education of students. We are passionate about collaboration, innovation and transformation to enhance social, cultural and economic well-being. In support of this mission, our values are:

- **A sense of belonging.** We are proud to be part of Anglia Ruskin University. We know that lifelong relationships are formed here.
- **Academic ambition.** We want our teaching and research to be excellent. We are determined that our students and staff will realise their full potential.
- **Innovation.** We are purposeful, challenging and curious about our world. We are prepared to do things differently. We are creative, entrepreneurial and bring enthusiasm to everything we do.
- **Supporting each other.** We are friendly and inclusive, and celebrate individuality and diversity. We support and encourage everyone, and strive hard to anticipate and meet needs and aspirations.
- **Honesty and openness.** We operate with integrity, trust and respect for each other and we deliver on our promises. We share ideas, information and challenges and we seek out views and opinions.
- **Concern for the environment.** We want our concern for a sustainable environment to inform every aspect of what we do.

These commitments are conducive to and could be exemplified through involving EbE in our teaching, learning and research. Indeed, for many courses within the Faculty of Health, Social Care and Education, EbE involvement is a requirement for accreditation or endorsement from professional bodies (HCPC, 2014; TCSW, 2014; Nursing and Midwifery Council, 2010). As such, there are pockets of exemplary work around involvement and collaboration with EbE across a range of activities within the Faculty.

EbE involvement in the Mental Health Department

Across both undergraduate and postgraduate courses in the Mental Health Department based primarily in Chelmsford, EbE are involved in many aspects of teaching and learning from interviewing prospective students to participating in a partnership with individual students. They receive training in the interview process and support and guidance on speaking to

students about their experiences. Throughout the year, EbE are invited to speak to students about what it is like to live with a certain diagnosis and how it impacts on their life and relationships with friends, family and work colleagues. This provides students with a more personal insight into the wider picture of mental illness for individuals, which goes beyond their contact with health and social care services. EbE have also spoken to foundation degree students in the Postgraduate Medical Institute about their experiences and perspectives on good and bad care within the community with a focus on dignity and respect. In addition, some involvement has been more interactive with EbE volunteers coming into the skills lab to participate in role play activities and acting as a patient with different 'illnesses'. EbE are also involved in observation and feedback for students when practising their communication on each other and also with their draft presentations.

One innovative approach to involving EbE in the Mental Health Department is the Buddy Scheme, initiated in September 2013. This pairs second year student mental health nurses with service users to meet in relaxed, non-clinical settings and talk as equals about the service user's experience of living with a mental illness and how it impacts on their overall wellbeing. The scheme helps students to confront their anxieties around interacting with patients, while enabling service users share their experiences and influence future professional practice. Both students and services users have given positive feedback on the Buddy Scheme. For example, a second year nursing student said *"it has made me see patients as individuals, not just people requiring a service"*, while a service user said *"I could use my experience to further her understanding and therefore help others. It was so worthwhile"*.

Service User and Carer Involvement (SUCI) Advisory Group

For the last ten years, the Service User and Carer Involvement (SUCI) Advisory Group have worked with the Social Work Department based primarily in Cambridge, to ensure that the service user and carer perspective is integrated in module planning, curriculum development, admissions, teaching and assessment. The SUCI Report 2014-2015 highlighted both past successes and future aspirations including increased recruitment with future aims to increase representation of Black Minority and Ethnic service users and carers within the group; increased engagement in varied activities with plans to hold an Assessed Readiness for Direct Practice Fair where students can work with service user led organisations and charities and reflect on how they can help people they work with access support groups once they go into practice; and better organisation of involvement and engagement with academics at coffee mornings for example that could be extended to students in the future. SUCI have also developed a [short film](#) about their work.

The most recent periodic review stated: *“Despite the geographical distance and variety of emotional and physical issues faced by some individuals in the group, we have built a strong group identity where members are involved and supported in all of the work they do here. We have used innovative branding to help the group build its own identity: ID cards, logos and screen time on the campuses have all helped to create our SUCI brand. We have SUCI Facebook and Twitter pages where SUCI experts are able to directly communicate and support each other, students and academic staff. We actively seek formal feedback from students and consistently receive scores of over 95% agreeing or strongly agreeing that SUCI is: relevant to the module; contributing positively to professional development and; well prepared”*. The majority of feedback from students has been overwhelmingly positive, including comments such as *“it applied theory directly to practice”* and *“this is essential in providing real-life experiences on perspectives from people who are experts in their own lives, issues and problems”*. Areas to improve on predominantly related to being notified further in advance of the involvement sessions to allow more time to prepare and get the most out of the experience, and longer sessions in general.

Developing a Faculty Strategy for involving Experts by Experience

These examples of good practice demonstrate the potential for EbE involvement to become a central part of the higher education experience and has inspired the development of a Faculty of Health, Social Care and Education Strategy for involving EbE in teaching, learning and research. There is still a long way to go in terms of developing a comprehensive Strategy that provides continuity and guidance for involvement to be implemented across all courses and departments. For example, although EbE involvement was praised in the 2015 Annual Review, there is no mention of it in our Corporate Plan 2016-2017 or in our People Strategy 2016-2017, despite the importance of recognising EbE as part of our academic community and their contribution as valuable to our overall performance. It is clear that involving EbE can enhance the teaching, learning and research in higher education, but requires support, endorsement and leadership across the university. Developing a Faculty Strategy is a step in the right direction towards achieving these goals.

Useful links and resources

[The Lived Experience Network](#)

[DUCIE Service User and Carer Involvement in Education Resources](#)

[Mental Health in Higher Education Hub](#)

[Service User and Carer Engagement in Health and Social Care: A Toolkit for Education, Research and Development](#)

[Service User and Carer Involvement in Higher Education: the development worker role: Guidelines for Higher Education Institutes](#)

[Service User and Carer Involvement in Social Work Education: Good Practice Guidelines](#)

['We are more than our story': Service User and Carer Participation in Social Work Education](#)

[Learning from Experience: involving service users and carers in mental health education](#)

[Principles for Practice: involving service users and carers in health care education and training](#)

[The Working Together Online Toolkit](#)

[Higher Education Academy: Mending the gap: A radically new approach to professional learning and academic teaching](#)

[The Experts by Experience Blog](#)

[Effective engagement in social work education: A good practice guide on involving people who use services and carers at the Institute for Research and Innovation in Social Services and the Learning Network](#)

[SU Research Mental Health Network](#)

[Working Together Service User and Carer Toolkit](#)

References

- Anka, A., & Taylor, I. (2016). Assessment as the Site of Power: A Bourdieusian Interrogation of Service User and Carer Involvement in the Assessments of Social Work Students. *Social Work Education*, 1-14.
- Atkinson, S., & Williams, P. (2011). The involvement of service users in nursing students' education: Stacey Atkinson and Paul Williams describe the benefits and challenges that input from all parties involved in client care can have on student selection and curriculum. *Learning Disability Practice*, 14(3), 18-21.
- Beadle, M., Needham, Y., & Dearing, M. (2012). Collaboration with service users to develop reusable learning objects: The ROOT to success. *Nurse education in practice*, 12(6), 352-355.
- Beresford, P. (2013). *Beyond the usual suspects: towards inclusive user involvement: research report*. Shaping Our Lives.
- Beresford, P., & Boxall, K. (2012). Service users, social work education and knowledge for social work practice. *Social Work Education*, 31(2), 155-167.
- Biskin, S., Barcroft, V., Livingston, W., & Snape, S. (2013). Reflections on student, service user and carer involvement in social work research. *Social Work Education*, 32(3), 301-316.
- Blackhall, A., Schafer, T., Kent, L., & Nightingale, M. (2012). Service user involvement in nursing students' training: Amanda Blackhall and colleagues show how one university has enlisted the help of clients to challenge misconceptions about mental illness. *Mental health practice*, 16(1), 23-26.
- Bollard, M., Lahiff, J., & Parkes, N. (2012). Involving people with learning disabilities in nurse education: towards an inclusive approach. *Nurse education today*, 32(2), 173-177.
- Boxall, K., & Beresford, P. (2013). Service user research in social work and disability studies in the United Kingdom. *Disability & Society*, 28(5), 587-600.

- Brett, J., Staniszevska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C., & Suleman, R. (2014). A systematic review of the impact of patient and public involvement on service users, researchers and communities. *The Patient-Patient-Centered Outcomes Research*, 7(4), 387-395.
- Cabiati, E. (2015). Teaching and learning: an exchange of knowledge in the university among students, service users, and professors. *European Journal of Social Work*, 1-16.
- Carter, C., & Brown, K. (2014). Service user input in pre-registration children's nursing education: Caroline Carter and Kate Brown discuss the successes and challenges faced when implementing involvement in three main areas of pre-registration children's nursing. *Nursing children and young people*, 26(4), 28-31.
- Chambers, M., & Hickey, G. (2012). Service user involvement in the design and delivery of education and training programmes leading to registration with the Health Professions Council. *Kingston University, London*.
- Chamney, M. (2014). Renal service users' and carers' collaboration to improve education and research in the UK: an update four years on. *Renal Society of Australasia Journal*, 10(3), 102-105.
- Clarke, S. P., & Holtum, S. (2013). Staff perspectives of service user involvement on two clinical psychology training courses. *Psychology Learning & Teaching*, 12(1), 32-43.
- Cleminson, S., & Moesby, A. (2013). Service user involvement in occupational therapy education: an evolving involvement. *The Journal of Mental Health Training, Education and Practice*, 8(1), 5-14.
- Coulter, S., Campbell, J., Duffy, J., & Reilly, I. (2013). Enabling social work students to deal with the consequences of political conflict: engaging with victim/survivor service users and a 'pedagogy of discomfort'. *Social Work Education*, 32(4), 439-452.
- Curran, T., Sayers, R., & Percy-Smith, B. (2015). Leadership as Experts by Experience in Professional Education. *Procedia-Social and Behavioral Sciences*, 186, 624-629.
- Department of Health. (2010). Equity and excellence: Liberating the NHS. *The Stationary Office*. Retrieved from: <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>
- Donskoy, A. L., & Pollard, K. (2014). Interprofessional working with service users and carers. *Interprofessional Working in Health and Social Care: Professional Perspectives*, 35.
- Duffy, J. (2012). Service user involvement in teaching about conflict—an exploration of the issues. *International Social Work*, 55(5), 720-739.
- Duffy, J., Das, C., & Davidson, G. (2013). Service user and carer involvement in role-plays to assess readiness for practice. *Social Work Education*, 32(1), 39-54.
- Evans, C. (2012). Increasing Opportunities for Co-production and Personalisation Through Social Work Student Placements in Disabled People's Organisations. *Social Work Education*, 31(2), 235-240.
- Fallon, D., Warne, T., McAndrew, S., & McLaughlin, H. (2012). An adult education: Learning and understanding what young service users and carers really, really want in terms of their mental well-being. *Nurse education today*, 32(2), 128-132.
- Fenton, G. (2014). Involving a young person in the development of a digital resource in nurse education. *Nurse education in practice*, 14(1), 49-54.
- Forbat, L., & Hubbard, G. (2015). Service user involvement in research may lead to contrary rather than collaborative accounts: findings from a qualitative palliative care study. *Journal of advanced nursing*.

- Franklin, P., Hossain, R., & Coren, E. (2016). Social media and young people's involvement in social work education. *Social Work Education*, 35(3), 344-356.
- Gillard, S., Simons, L., Turner, K., Lucock, M., & Edwards, C. (2012). Patient and public involvement in the coproduction of knowledge reflection on the analysis of qualitative data in a mental health study. *Qualitative Health Research*, 22(8), 1126-1137.
- Gray, B., Larsen, J., & Faulkner, A. (2013). Third sector facilitation of lived experience in research: a case study of service user and carer involvement in the PRIMROSE project. *The Journal of Mental Health Training, Education and Practice*, 8(3), 141-151.
- Gutman, C., Hantman, S., Ben-Oz, M., Criden, W., Anghel, R., & Ramon, S. (2014). Involving older adults as co-researchers in social work education. *Educational Gerontology*, 40(3), 186-197.
- Gutteridge, R., & Dobbins, K. (2010). Service user and carer involvement in learning and teaching: A faculty of health staff perspective. *Nurse Education Today*, 30(6), 509-514.
- Happell, B., Bennetts, W., Platania-Phung, C., & Tohotoa, J. (2015). Consumer involvement in mental health education for health professionals: feasibility and support for the role. *Journal of clinical nursing*, 24(23-24), 3584-3593.
- Health and Care Professions Council. (2014). Standards of Education and Training. Retrieved from: <http://www.hcpc-uk.org/publications/standards/index.asp?id=183>
- Henriksen, A. H., & Ringsted, C. (2014). Medical students' learning from patient-led teaching: experiential versus biomedical knowledge. *Advances in Health Sciences Education*, 19(1), 7-17.
- Hill, G., Thompson, G., Willis, S., & Hodgson, D. (2014). Embracing service user involvement in radiotherapy education: a discussion paper. *Radiography*, 20(1), 82-86.
- Irvine, J., Molyneux, J., & Gillman, M. (2015). 'Providing a Link with the Real World': Learning from the Student Experience of Service User and Carer Involvement in Social Work Education. *Social Work Education*, 34(2), 138-150.
- Joss, N., Cooklin, A., & Oldenburg, B. (2015). A scoping review of end user involvement in disability research. *Disability and health journal*.
- Kara, H. (2013). Mental health service user involvement in research: where have we come from, where are we going? *Journal of Public Mental Health*, 12(3), 122-135.
- Keenan, G. I., & Hodgson, D. A. (2014). Service user involvement in cancer professionals' education: perspectives of service users. *Journal of Radiotherapy in Practice*, 13(03), 255-263.
- Littlechild, R., Tanner, D., & Hall, K. (2014). Co-research with older people: Perspectives on impact. *Qualitative Social Work*, 1473325014556791.
- Loughran, H., & McCann, M. E. (2015). Employing community participative research methods to advance service user collaboration in social work research. *British Journal of Social Work*, 45(2), 705-723.
- Mackay, R., & Millar, J. (2012). Involving service users in the classroom with social work students. *Nurse education today*, 32(2), 167-172.
- Maplethorpe, F., Dixon, J., & Rush, B. (2014). Participation in clinical supervision (PACS): an evaluation of student nurse clinical supervision facilitated by mental health service users. *Nurse education in practice*, 14(2), 183-187.

- McCutcheon, K., & Gormley, K. (2014). Service-user involvement in nurse education: partnership or tokenism? *British Journal of Nursing*, 23(22).
- McKeown, M., Malihi-Shoja, L., Hogarth, R., Jones, F., Holt, K., Sullivan, P.... & Mather, M. (2012). The value of involvement from the perspective of service users and carers engaged in practitioner education: Not just a cash nexus. *Nurse education today*, 32(2), 178-184.
- McKeown, M., Dix, J., Jones, F., Carter, B., Malihi-Shoja, L., Mallen, E., & Harrison, N. (2014). Service user involvement in practitioner education: Movement politics and transformative change. *Nurse education today*, 34(8), 1175-1178.
- Moltu, C., Stefansen, J., Svisdahl, M., & Veseth, M. (2013). How to enhance the quality of mental health research: service users' experiences of their potential contributions through collaborative methods. *American Journal of Psychiatric Rehabilitation*, 16(1), 1-21.
- Muir, D., & Laxton, J. C. (2012). Experts by experience; the views of service user educators providing feedback on medical students' work based assessments. *Nurse education today*, 32(2), 146-150.
- Naylor, S., Harcus, J., & Elkington, M. (2015). An exploration of service user involvement in the assessment of students. *Radiography*, 21(3), 269-272.
- Nielsen, D., & Yahya, Y. (2013). Co-creating and Mapping Curricula to the VLE. *Procedia Technology*, 11, 710-717.
- Nursing and Midwifery Council. (2010). Standards for Pre-registration Nursing Education. MC, London.
- O' Donnell, H. & Gormley, K. (2013). Service user involvement in nurse education: perceptions of mental health nursing students. *Journal of Psychiatric and Mental Health Nursing*, 20(3), pp.193-202.
- O'Reilly-de Brún, M., de Brún, T., Okonkwo, E., Bonsenge-Bokanga, J. S., Silva, M. M. D. A., Ogbemor, F., ... & van den Muijsenbergh, M. (2016). Using Participatory Learning & Action research to access and engage with 'hard to reach' migrants in primary healthcare research. *BMC Health Services Research*, 16(1), 1.
- Patterson, S., Trite, J., & Weaver, T. (2014). Activity and views of service users involved in mental health research: UK survey. *The British Journal of Psychiatry*, 205(1), 68-75.
- Perry, J., Watkins, M., Gilbert, A., & Rawlinson, J. (2013). A systematic review of the evidence on service user involvement in interpersonal skills training of mental health students. *Journal of psychiatric and mental health nursing*, 20(6), 525-540.
- Pollard, K., Donskoy, A. L., Moule, P., Donald, C., Lima, M., & Rice, C. (2015). Developing and evaluating guidelines for patient and public involvement (PPI) in research. *International journal of health care quality assurance*, 28(2), 141-155.
- Quinney, L., & Fowler, P. (2013). Facilitating shared online group learning between carers, service users and social work students. *Social Work Education*, 32(8), 1021-1031.
- Raphael, J., & Allard, A. (2012). Positioning people with intellectual disabilities as the experts: Enhancing pre-service teachers' competencies in teaching for diversity. *International journal of inclusive education*, 17(2), 1-17.
- Rhodes, C. A. (2012). User involvement in health and social care education: A concept analysis. *Nurse education today*, 32(2), 185-189.

- Rhodes, C. A. (2013). Service user involvement in pre-registration children's nursing education: the impact and influence on practice: a case study on the student perspective. *Issues in comprehensive pediatric nursing*, 36(4), 291-308.
- Robbins, R. (2014). 'She Knew What was Coming': Knowledge and Domestic Violence in Social Work Education. *Social Work Education*, 33(7), 917-929.
- Robinson, K., & Webber, M. (2013). Models and effectiveness of service user and carer involvement in social work education: A literature review. *British Journal of Social Work*, 43(5), 925-944.
- Román, M. A. M., López, Y. D., & Martínez, J. T. (2014). Aprender conociendo a las personas usuarias de los servicios. *Azarbe*, (3).
- Rouse, J. & Torney, L. K. (2014). Service user and carer involvement in pre-registration student selection. *Nursing Standard*, 28(50), 37-44.
- Scammell, J., Heaslip, V., & Crowley, E. (2016). Service user involvement in preregistration general nurse education: a systematic review. *Journal of clinical nursing*, 25(1-2), 53-69.
- Schön, U. K. (2015a). User and carer involvement in social work education: reasons for participation. *Scandinavian Journal of Disability Research*, 1-10.
- Schön, U. K. (2015b). User Involvement in Social Work and Education—A Matter of Participation? *Journal of evidence-informed social work*, 1-13.
- Simpson, A., Jones, J., Barlow, S., & Cox, L. (2013). Adding SUGAR: service user and carer collaboration in mental health nursing research. *Journal of psychosocial nursing and mental health services*, 52(1), 22-30.
- Sinclair, W., Camps, L., & Bibi, F. (2012). Looking after children and young people: Ensuring their voices are heard in the pre-registration nursing curriculum. *Nurse education in practice*, 12(4), 227-231.
- Skilton, C. J. (2011). Involving experts by experience in assessing students' readiness to practise: the value of experiential learning in student reflection and preparation for practice. *Social Work Education*, 30(3), 299-311.
- Skoura-Kirk, E., Backhouse, B., Bennison, G., Cecil, B., Keeler, J., Talbot, D., & Watch, L. (2013). Mark my words! Service user and carer involvement in social work academic assessment. *Social Work Education*, 32(5), 560-575.
- Smith, C. & Forrester-Jones, R. (2014). Experiential learning: changing student attitudes towards learning disability. *Tizard Learning Disability Review*, 19(3), 110-117.
- Smith, P., Ooms, A., & Marks-Maran, D. (2015). Active involvement of learning disabilities service users in the development and delivery of a teaching session to pre-registration nurses: Students' perspectives. *Nurse education in practice*.
- Speed, S., Griffiths, J., Horne, M., & Keeley, P. (2012). Pitfalls, perils and payments: Service user, carers and teaching staff perceptions of the barriers to involvement in nursing education. *Nurse education today*, 32(7), 829-834.
- Speers, J., & Lathlean, J. (2015). Service user involvement in giving mental health students feedback on placement: A participatory action research study. *Nurse education today*, 35(9), e84-e89.
- Stacey, G., Stickley, T., & Rush, B. (2012). Service user involvement in the assessment of student nurses: a note of caution. *Nurse education today*, 32(5), 482-484.

- Stacey, G., Oxley, R., & Aubeeluck, A. (2015). Combining lived experience with the facilitation of enquiry-based learning: a 'trigger' for transformative learning. *Journal of psychiatric and mental health nursing*, 22(7), 522-528.
- Summers, K. (2013). Children's nurse education-what is important to the service user? *British Journal of Nursing*, 22(13).
- Taggart, D., Franks, W., Osbourne, Oz. & Collins, S. (2013). 'We are the ones asking the questions': The experiences of young mental health service users conducting research into stigma. *Educational and Child Psychology*, 30(1), 61-71.
- Taylor, J., Barrett, G., Forrest, V., Beresford, P., & Meakin, B. (2015). You're Not in the Picture. *Innovations in Social Work Research: Using Methods Creatively*.
- Terry, J. (2012a). Service user involvement in pre-registration mental health nurse education classroom settings: a review of the literature. *Journal of psychiatric and mental health nursing*, 19(9), 816-829.
- Terry, L. M. (2012b). Service user involvement in nurse education: A report on using online discussions with a service user to augment his digital story. *Nurse education today*, 32(2), 161-166.
- Terry, J. M. (2013). The pursuit of excellence and innovation in service user involvement in nurse education programmes: Report from a travel scholarship. *Nurse education in practice*, 13(3), 202-206.
- Terry, J., Raithby, M., Cutter, J., & Murphy, F. (2015). A menu for learning: a World Café approach for user involvement and inter-professional learning on mental health. *Social Work Education*, 34(4), 437-458.
- Tew, J., Holley, T., & Caplen, P. (2012). Dialogue and challenge: Involving service users and carers in small group learning with social work and nursing students. *Social Work Education*, 31(3), 316-330.
- The College of Social Work. (2014). Endorsement by the college of social work of qualifying social work programmes: An information and guidance booklet for universities and colleges version 5.0.
- Thomson, D., & Hilton, R. (2013). Service users' perceptions regarding their involvement in a physiotherapy educational programme in the UK: a qualitative study. *Physiotherapy*, 99(2), 153-158.
- Tremayne, P., Russell, P., & Allman, H. (2014). Service user involvement in nurse education. *Nursing Standard*, 28(22), 37-41.
- Turnbull, P., & Weeley, F. M. (2013). Service user involvement: Inspiring student nurses to make a difference to patient care. *Nurse education in practice*, 13(5), 454-458.
- Ward, L. J., & Padgett, K. (2012). Developing a service user facilitated, interactive case study - A reflective and evaluative account of a teaching method. *Nurse education today*, 32(2), 156-160.
- Webster, B. J., Goodhand, K., Haith, M., & Unwin, R. (2012). The development of service users in the provision of verbal feedback to student nurses in a clinical simulation environment. *Nurse education today*, 32(2), 133-138.
- Whear, R., Thompson-Coon, J., Boddy, K., Papworth, H., Frier, J., & Stein, K. (2015). Establishing local priorities for a health research agenda. *Health Expectations*, 18(1), 8-21.